

Application or Docket Number
10/606226

(Column 1)	(Column 2)
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OR OTHER THAN
SMALL ENTITY

* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
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OR OTHER THAN
SMALL ENTITY

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9188 and select option 2.